

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10/577635

04/28/2006.

CLAIMS

	AS FILED		AFTER		AFTER	
	1 ST AMENDMENT		2 ND AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2				
4		2				
5	0					
6	0					
7	0					
8	0					
9	0					
10	0					
11	0					
12	0					
13	1		1			
14		1		1		
15	2					
16	0					
17	0					
18	0					
19	0					
20	0					
21			1			
22				1		
23				1		
24					1	
25					1	
26					1	
27					1	
28					1	
29					1	
30					1	
31					1	
32					1	
33					1	
34					1	
35					1	
36			1			
37				1		
38				1		
39				1		
40				1		
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.			2			
TOTAL DEP.			18			
TOTAL CLAIMS			20			

	AS FILED		AFTER		AFTER	
	1 ST AMENDMENT		2 ND AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						